PRINTED: 10/21/2010 FORM APPROVED

DEPARTMENT OF HEALTH AND HUMAN SERVICES <u>OMB NO, 0938-0391</u> CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING C B. WING 10/07/2010 185392 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1820 OAKVIEW ROAD **WOODLAND OAKS** ASHLAND, KY 41101 PROVIDER'S PLAN OF CORRECTION (X6) COMPLETION SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE (X4) ID PREFIX PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL DATE OROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LISC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) F 000 INITIAL COMMENTS Woodland Oaks does not believe and does F 000 not admit that any deficiencies existed, either An Abbreviated Survey Investigating before, during, or after the survey. ARO#KY00015412 was initiated on 10/05/10 and Woodland Oaks reserves all rights to contest concluded on 10/07/10. The ARO was the survey findings through informal dispute substantlated and deficiencies were cited with the resolution, formal legal appeal proceedings, highest scope and severity being a "D". or any administrative or legal proceedings. 483,25(m)(2) RESIDENTS FREE OF F 333 This plan of correction does not constitute an SIGNIFICANT MED ERRORS S8=0 admission regarding any facts or circumstances surrounding any alleged The facility must ensure that residents are free of deficiencies to which it responds, nor is any significant medication errors. meant to establish any standard of care, contract obligation or position. Woodland This REQUIREMENT is not met as evidenced Oaks reserves all rights to raise all possible contentions and defenses in any type of civil Based on observation, interview and record or criminal claim, action or proceeding. review it was determined the facility failed to Nothing contained in this plan of correction ensure three (3) of nine (9) sampled residents should be considered as a walver or any were free from significant medications potentially applicable peer review, quality errors(Residents #1, #2, and #4). Resident #1 related to the omission of two (2) medications for assurance or self-critical examination thirteen (13) days. Resident #4 related to missed privileges which Woodland Oaks does not doses of antiblotic eye drops. Resident #2 waive, and reserves the right to assert in any received three (3) doses of a pain medication at a administrative, civil or criminal claim, action lower dose than ordered. or proceeding. Woodland Oaks offers its responses, credible allegations of compliance The findings include: and plan of correction as part of its ongoing 1. Record review revealed Resident #1 was efforts to provide quality care to our admitted to the facility on 07/15/10 with diagnoses residents. which included Alzheimer's Disease, Chronic Pain, and Anxiety. Review of the Admission Minimum Data Set (MDS), dated 07/23/10 revealed the facility assessed Resident #1 as being alert with Intermittent confusion. Review of the Physician's Orders revealed an (X8) DATE ABORÁTORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Any deficiency statement ending with an asteriak (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the above findings and plans of correction are disclosable 14 following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. It deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X8) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/OLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING C B. WING. 10/07/2010 185392 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1820 OAKVIEW ROAD ASHLAND, KY 41101 **WOODLAND OAKS** PROVIDER'S PLAN OF CORRECTION (X6) COMPLETION SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE (X4) ID PREFIX PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL DATE CROSS-REPERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING (NFORMATION) TAG DEFICIENCY TAG F333 F 333 Continued From page 1 F 333 It is and was on the day of survey the policy of order (the order was not dated but was with the Woodland Oaks Healthcare Facility to ensure other orders for 07/28/10) for Remeron (an that the residents are free of any significant appetite stimulant) 30 milligrams (mg) every evening and Haldol (antianxiety medication) 0.5 medication errors. mg every evening. Review of the Medication Administration Record (MAR) for 07/2010 1. Resident #1 is no longer a resident of revealed these two (2) medications were the facility. The order for Resident transcribed to the MAR on 07/28/10. However, #4's eye drops was clarified with the review of the MAR for 08/2010 revealed no physician on 10/5/10. Resident #2 is documented evidence these two (2) medications no longer a resident at the facility. were transcribed onto the MAR. There was no 2. All nurses have been in-serviced on documented evidence that Resident #1 received 10/28/10 by the Director of Nursing the two (2) medications as ordered for the month regarding proper medication administration techniques and of August 2010. completely filling out all parts of Interview with the Assistant Director of Nursing physician's orders to ensure proper (ADON) on 10/07/10 at 10:00 AM revealed the administration. The in-service was facility's system for change over of MARs at the conducted by the Director of Nursing first of a new month was she would come in on for RN's, LPN's and CMT's. An audit night shift one night between the 26th and the was completed on all physicians 30th to compare the Physician's Orders to the orders on 10/30/10 to ensure there next month's MARs for each resident. She were no medication errors and that further stated these two (2) medications were all orders were transcribed correctly. missed on the August 2010 MAR because she For a period of no less than 6 months came in to do the change over MARs on 07/27/10 the Assistant Director of Nursing will and the order was not written until 07/28/10. do an audit of 5% of the facility Interview further revealed the nurse that verified change over to assure that all orders the order was responsible for ensuring the order are carried over accurately from the was on the current MAR and the MAR for the next previous month. The physician's month. orders that are written each day are audited by a designated Interview with Licensed Practical Nurse (LPN) #10, who verified the order for Remeron 30 mg administrative nurse to ensure that all physician orders are complete and Haldol 0.5 mg, on 10/07/10 at 1:00 PM revealed she was not aware she had failed to put and implemented as ordered. They the medications on the next month's MAR. She are then turned back in to the further stated she was aware she was required to administrator or Director of Nursing transcribe the medications to both the current to ensure completeness.

Facility (D: 100666

MAR and the next month's MAR after the ADON

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DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/OLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING B. WING 10/07/2010 185392 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1820 OAKVIEW ROAD **WOODLAND OAKS** ASHLAND, KY 41101 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE (X6) COMPLETION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PAEFIX DATE CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) TAG As part of the facility's on-going F 333 Continued From page 2 F 333 quality assurance program the had completed the change over. Assistant Director of Nursing will make the audit(mentioned above) part of the continuous Quality Review of the facility's policy for Medication improvement meeting for at least Orders, revealed medications were administered only upon the clear, complete, and signed order six months. 10/31/10 of the prescriber. It further stated the order was October 31, 2010 to be recorded on the MAR. 2. Record review revealed Resident #4 was admitted to the facility on 09/30/08 with diagnoses which included Dementia with Behavioral Disturbances, Dalusions, Psychosis, Hypertension, Hypokalemia, Gastric Upset and Constinution. Observation of the medication pass on 10/05/10 at 4:00 PM with Certified Medication Technician (CMT) #2 revealed Resident #4 had an order on the Medication Administration Record (MAR) for Tobramycin (antibiotic eye drop) eye drops to the right and left eye, four (4) times a day for ten (10) days. Observation of the original label on the eye drop box revealed the directions of one (1) drop in the right eye four (4) times a day for ten (10) days. In an interview, on this date and time, with CMT #2 in which she was asked how did she know how many drops to instill in each eye, her reply was that if the order just read "drops" she assumed it meant one (1) drop. She further stated she would go back to the original container label for instructions and refer the question to her Charge Nurse for clarification. CMT #2 was observed to instill (1) drop in Resident #4's right eye per the instillation instructions on the original box label. Review of Physicians' Telephone orders, dated 09/19/10 revealed an order for Tobramycin eye

DEPARTI	MENT OF HEALTH S FOR MEDICARE	AND HUMAN SERVICES & MEDICAID SERVICES				FORM OMB NO.	10/21/2010 APPROVED 0938-0391
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NAME OF PROVIDER OR SUPPLIER					EET ADDRESS, CITY, STATE, ZIP CODI 20 OAKVIEW ROAD	!	
WOODLA	ND OAKS				BHLAND, KY 41101		
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F 333	Continued From pa	age 3			•	•	
	drops to the right e review of Physician revealed an order drops to right eve.	nye for ten (10) days. Further ns' Orders, dated 09/20/10 clarification: Tobramyoin eye one (1) drop, four (4) times					
	Physician Orders I to discontinue the eye. The new ord Tobramycin eve di) days. Additional review of revealed an order on 09/28/10 antibiotic eye drops to the right or dated this same day was for rops to the right and left eyes of for ten (10) days.					
•	Interview on 10/05 Practical Nurse (L if there was an ord the original order The physician won needed. Further i PM revealed Resi called during the order The following order	i/10 at 4:14 PM with Licensed PN) #3/Charge Nurse revealed der discrepancy, she would pull and compare it to the MAR. If the will be called for clarification if interview with LPN #3 at 5:15 dent #4's physician had been survey for an order clarification or was received: Tobramycin of drops to both eyes four (4)					
	Development and AM revealed they clarification if they I PN #1 and LPN	N #1/CQI Director, Staff I LPN #2 on 10/07/10 at 11:50 would call the physician for y had a medication question. #2 were unable to explain why I not been called for clarification	•				
	medication order administered only signed order of a Further review re medication order 1) Medication of a. Name of	orders specify the following:					

DEPART	MENT OF HEALTH IS FOR MEDICARE	AND HUMAN SERVICES & MEDICAID SERVICES	: :			FORM. OMB NO.	10/21/2010 APPROVED 0938-0391
TATEMENT	EMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A, BUILDING B, WING			I	
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NAME OF PROVIDER OR SUPPLIER WOODLAND OAKS				1.1	1820 OAKVIEW ROAD ASHLAND, KY 41101		,
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F 333	e. Route of ac	osage form quency of administration			i		
	10/07/10 at 10:35 resident in regard drops to the right (2-3) drops (3-4) ti	ident #4's physician, on AM revealed his intent for the to the order for Tobramycin eye aye was for the resident to have mes a day. If the infection read to the other eye, it was to					
	admitted on 04/28	evealed Resident #2 was /10 with diagnoses of Colon with Liver Lung metastasis, ed Confusion, Abdominal Pain, Diabetes.					
	10/06/10 dated 05 medication chang	nt #2's Physician Orders on 1/06/10 at 7:45 PM revealed a e from Roxanol 0.25 millliters our as needed (PRN) for pain to every one hour (PRN) for pain.					
	on 10/06/10 at 5:0	ew with LPN #8 (Hospice Nurse) 00 PM revealed he was called write the order for the Roxanol inight because the previous eared.		٠			
	12:30 PM revealed 05/08/10 Into the someone could call in on 05/06/1 LPN #9 revealed passing medications.	ew with LPN #9 on 10/07/10 at and she was working over on 3:00 PM-11:00 PM shift until ome in to relieve her due to a 0 for 11:00 PM-7:00 AM shift. she was doing accuchecks and ons. Further interview with LPN reported to the oncoming staff					

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CENTER	S FOR MEDICARE	AND HUMAN SERVICES & MEDICAID SERVICES	Ivm 14		TIPLE CONSTRUCTION	(X3) DATES	URVEY 0986-039
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		185392	B, WIN	NG.		4	7/2010
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MOGDLA	ND OAKS				ASHLAND, KY. 41101		1 400
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F 338	member that the new medication order needed to be transcribed to the MAR.			14	It is and was on the day of su Woodland Oaks Healthcare F	acility to	
	revealed she had on the pm-11:00 PM-7:00 AM did not ask for any working so she did	ADON on 10/07/10 at 1:00 PM come to work around 10:30 6/06/10 due to a call in for shift. She stated Resident #2 pain medication white she was I not have to look at the MAR. evealed she did not know why			maintain clinical records on e accordance with accepted pr standards and practices that accurately documented; read and systematically organized 1. Resident #1 and Re	ofessional are complete dily accessible sident #2 are) }
	order did not make MAR. Review of the faci	led the order as transcribing the the nacessary changes to the lity's policy on Documentation of		٠.	longer residents at 2. All clinical records by the administration ensure that current accurate and in place.	nave been aud ve nurses to t orders are	
F 514 88≃D	the Medication Or 1.) Each medication resident's medication of the provided the telephone order and on the MAR. 483,75(f)(1) PES RECORDS-COM LE	der revealed on order is documented in the order is documented in the record with date, time, and erson receiving the order. The on the physician order sheet or er sheet if it is a verbal order, PLETE/ACCURATE/ACCESSIB	1		completed on 10/3 3. All administrative a serviced on 10/27/ of Nursing. This ins writing physician of orders written dellare on the month! Administration Referance in the administration from will audit all	io/10. Inurses were in 10 by the Direction include orders, auditing to ensure the Medication cord. Monday trative nursing in 10.	n- ector ed g ey
	resident in accord standards and pri accurately docum systematically on	d must contain sufficient			written to ensure accurately transcr Medication Admir Any orders writtel Sunday will be audeninistrative nu	they have been been to the histration Reconstruction Reconstruction on Saturday dited by the trees on Mond	ord. and ay.
	information to ide	antify the resident; a record of the ments; the plan of care and i; the results of any reening conducted by the State;		٠	4. As part of the fact quality assurance Assistant Director audit 5% of the remonthly (after the	program the of Nursing wi sident's reco	ill . rds

BEAUTIMO DE LA SERVICIO DE ENGICIONES DE LA LEGIONALISMA ESPANNOCADA ENCICADA.

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This REQUIREME	NT is not met as evidenced	F	514	practice will continue months. These audits part of the Quality In	for at least six	
determined the factorecords with accept that were complete for two (2) of nine (Residents #1 and dosage change of Resident #1 relate medications that w	illity failed to maintain clinical sted standards and practices and accurately documented (9) sampled residents #2). Resident #2 related to a a pain medication and d to the omission of two (2) were not carried over to the next			5. October 31, 2010		10/31/10
Record review admitted to the fact which included Alz Pain, and Anxiety. Review of the Adm (MDS), dated 07/2	revealed Resident #1 was sility on 07/15/10 with diagnoses theimer's Disease, Chronic hission Minimum Data Set 13/10 revealed the facility					
Review of the Phy order with the 07/2 Remeron (appetite (mgs) every evening Administration Rethese two (2) med MAR on 07/28/10 for 08/10 revealed medications were that Resident #1	reician's Orders revealed an 28/10 physician's orders, for a stimulant) 30 milligrams ing and Haldol (antianxiety) 0.5. Review of the Medication cord (MAR) for 07/10 revealed lications were transcribed to the However, review of the MAR in o evidence these two (2) transcribed onto the MAR or received these medications for					
	ROVIDER OR SUPPLIER SUMMARY STY (EACH DEFICIENCY REQUILATORY OR L Continued From pa This REQUIREME by: Based on interview determined the fact records with accept that were complete for two (2) of nine (Residents #1 and dosage change of Resident #1 relate medications that we month's Medication The findings include 1. Record review admitted to the fact which included Aiz Pain, and Anxiety. Review of the Adm (MDS), dated 07/2 assessed Resider intermittent confus Review of the Phy order with the 07/2 Remeron (appetite (mgs) every evening Administration Re these two (2) med MAR on 07/28/10 for 08/10 revealed medications were that Resident #1 August 2010. Full	ROVIDER OR SUPPLIER AND OAKS SUMMARY STATEMENT OF DEFICIENCIES (FACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 6 This REQUIREMENT is not met as evidenced	REPUIDE ARE & MEDICAID SERVICES OF DEFICIENCIES F CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185392 ROVIDER OR SUPPLIER AND OAKS SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSO IDENTIFYING INFORMATION) Continued From page 6 This REQUIREMENT is not met as evidenced by: Based on interview and record review it was determined the facility failed to maintain clinical records with accepted standards and practices that were complete and accurately documented for two (2) of nine (9) sampled residents (Residents #1 and #2). Resident #2 related to a dosage charge of a pain medication and Resident #1 related to the omission of two (2) medications that were not carried over to the next month's Medication Administration Record (MAR. The findings include: 1. Record review revealed Resident #1 was admitted to the facility on 07/15/10 with diagnoses which included Alzheimer's Disease, Chronic Pain, and Anxiety. Review of the Admission Minimum Data Set (MDS), dated 07/23/10 revealed the facility assessed Resident #1 as being alert with intermittent confusion. Review of the Physician's Orders revealed an order with the 07/28/10 physician's orders, for Remeron (appetite stimulant) 30 milligrams (mgs) every evening and Haldol (antianxiety) 0.5 mg every evening. Review of the Medication Administration Record (MAR) for 07/10 revealed these two (2) medications were transcribed onto the MAR or that Resident #1 received these medications for August 2010. Further review of the order	REPICENCIES OF DEFICIENCIES FOORRECTION (X1) PROVIDER/SUPPLIER/OLIA IDENTIFICATION NUMBER: ROVIDER OR SUPPLIER RAND OAKS ROVIDER OR SUPPLIER REQUIATORY OR LSC IDENTIFYING INFORMATION) Continued From page 6 This REQUIREMENT is not met as evidenced by: Based on interview and record review it was determined the facility failed to maintain clinical records with accepted standards and practices that were complete and accurately documented for two (2) of nine (9) sampled residents (Residents #1 and #2). Resident #2 related to a dosage change of a pain medication and Resident #1 related to the omission of two (2) medications that were not carried over to the next month's Medication Administration Record (MAR. The findings include: 1. Record review revealed Resident #1 was admitted to the facility on 07/15/10 with diagnoses which included Alzheimer's Disease, Chronic Pain, and Anxiety. Review of the Admission Minimum Data Set (MDS), dated 07/23/10 revealed the facility assessed Resident #1 as being alert with intermittent confusion. Review of the Physician's Orders revealed an order with the 07/28/10 physician's orders, for Remeron (appetite stimulant) 30 milligrams (mgs) every evening and Haldol (antianxiety) 0.5 mg every evening. Review of the Medication Administration Record (MAR) for 07/10 revealed these two (2) medications were transcribed on the MAR or that Resident #1 received these medications for August 2010. Further review of the order	REPORT MEDICARE & MEDICARE & MEDICARD SERVICES OF DEFICIENCIES OF DEFICIENCY	MENT OF HEALTH AND HUMAN SERVICES S FOR MEDICARE & MEDICAID SERVICES OF DERCISHOUS OF DERCISHOUS FORRECTION IRENTIFICATION NUMBER: 185392 ROYLDER OR SUPPLIER ROYLDER OR SUPPL

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	OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP GODE 1820 OAKVIEW ROAD			•	
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F 514	Continued From pa	ige 7				•	
	two (2) medication	-					
•	(ADON) on 10/07/facility's system for first of a new month of the property of	Assistant Director of Nursing 10 at 10:00 AM revealed the change over of MARs at the h was she would come in on the 26th and the 30th to clan's Orders to the next each resident. She further missed because she came in over MARs on 07/27/10 and the en until 07/28/10. Interview e nurse that verified the order or ensuring it was on the current to the next month. 1/10 at 1:00 PM, with Licensed PN) #10, who verified the order					
	for Remeron 30 m she was not award medications on the further stated she transcribe the med MAR and the next	g and Haldol 0.5 mg, revealed she had failed to put the enext month's MAR. She was aware she was required to dications to both the current month's MAR after the ADON					
	Orders, revealed only upon the clear of the prescriber. to be recorded on 2.) Review of Phyat 7:45 PM, for Rereceived an order change Resident medication) 0.25	lity's policy for Medication medications were administered ar, complete, and signed order It further stated the order was		,			

		AND HUMAN SERVICES				FORM	: 10/21/2010 APPROVED : 0938-0391	
TATEMENT	MENT OF DEFICIENCIES LAN OF CORRECTION MENT OF DEFICIENCIES LAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		- 1	AULTIP ILDING	DLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED C		
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F 514	Continued From pa			٤				
	(MAR) revealed the	leation Administration Record e order was not transcribed 05/07/10 although the MAR t 05/06/10 as the "order date".		·				
	Resident #2 receiv	red three (3) doses of Roxanol f the Roxanol 0.5 mls as			·			
· ·	noted), revealed a time noted). The I discontinue previo	Notes dated 05/07/10 (no time "late entry" dated 05/08/10 (no ate entry revealed the order to us Roxanol orders and to start ams (mgs) (0.5 ml) every hour I pain.						
	10/07/10 at 10:40 Practical Nurse (L.	Director of Nursing (DON) on AM revealed Licensed PN) #5 told her the new (PRN) rder was not on the MAR at the asked for (PRN) pain medicine						
·	revealed she adm (PRN) instead of I the order for the F transcribed onto the	N #5 on 10/07/10 at 11:00 AM inistered the Roxanol 0.25 mis Roxanol 0.5mis (PRN) because Roxanol 0.5 ml was not he MAR at the times Resident medication on 05/07/10 at 10 PM.						
	(ADON) on 10/07 come in about 10 a call in on 11:00 stated that she diwas working bees any (PRN) pain methe ADON reveals	Assistant Director of Nursing /10 at 1 PM, revealed she had: 30 PM or 11:00 PM to cover to PM - 7:00 AM shift. She furthed not look at the MAR while she ause Resident #2 did not ask fo nedicine. Further interview with ed she did not know why the I the order as taking it off, did not he	r 9 1					

DEPART	MENT OF HEALTH	AND HUMAN SERVICES & MEDICAID SERVICES				FORM OMB NO	10/21/2010 APPROVED 0938-0391
YATEMENT	MENT OF DEFICIENCIES LAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) N A. BU		PLE CONSTRUCTION	(XS) DATE SURVEY COMPLETED	
	•	185392	B. WII			10/0	7/2010
NAME OF PROVIDER OR SUPPLIER WOODLAND OAKS			-	11	EET ADDRESS, CITY, STATE, 2IP CODE 820 OAKVIEW ROAD SHLAND, KY 41101		
(X4) ID PREFIX TAG	CAON DESIDIFAC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SO IDENTIFYING INFORMATION)	ID PREF TAC	FIX	PROVIDER'S PLAN OF CORRECTIVE ACTION SI (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	KOULD BE	(X5) COMPLETION DATE
F 514	Continued From pa	age 9 ry changes on the MAR.		•			
	Telephone intervie Nurse), on 10/06/1 called by a nurse (w with LPN #8 (Hospice O at 5:00 PM revealed he was could not remember name) on					
	re-write the order in previous night. He order could not be pain. Further interithe DON and ADC not received the Fabout the order.	on 05/07/10 to ask him to or the Roxanol from the stated he was told the original found and Resident #2 was in view revealed he called both to tell them Resident #2 had oxanol 0.5 ml and asked them dowever he was not given a					
	explanation.						
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